

OSHKOSH MEDICAL/REHABILITATION CENTER
1850 BOWEN STREET

OSHKOSH 54901 Phone: (920) 233-4011
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 160
Total Licensed Bed Capacity (12/31/03): 180
Number of Residents on 12/31/03: 155

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 133

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		27.1	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	More Than 4 Years		28.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.1			13.5	
Day Services	No	Mental Illness (Org./Psy)	18.7	65 - 74	17.4			-----	
Respite Care	No	Mental Illness (Other)	4.5	75 - 84	32.3			69.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	34.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.3	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.6	-----	100.0	(12/31/03)			
Other Meals	No	Cardiovascular	16.8	65 & Over	92.9	-----			
Transportation	No	Cerebrovascular	6.5	-----	-----	RNs		4.6	
Referral Service	No	Diabetes	7.7	Gender	%	LPNs		7.2	
Other Services	No	Respiratory	12.3	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	31.0	Male	32.9	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	67.1	23.2			
Provide Day Programming for		-----	100.0	-----	-----	-----			
Developmentally Disabled	No	-----	-----	-----	100.0	-----			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	32	100.0	222	92	93.9	114	0	0.0	0	22	100.0	163	0	0.0	0	3	100.0	160	149	96.1	
Intermediate	---	---	---	6	6.1	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	3.9	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	32	100.0		98	100.0		0	0.0		22	100.0		0	0.0		3	100.0		155	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	26.3	Bathing	1.3	72.3	26.5	155
Private Home/With Home Health	0.0	Dressing	4.5	79.4	16.1	155
Other Nursing Homes	0.0	Transferring	4.5	71.6	23.9	155
Acute Care Hospitals	73.7	Toilet Use	4.5	71.6	23.9	155
Psych. Hosp.-MR/DD Facilities	0.0	Eating	78.1	14.8	7.1	155
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	266	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.5	Receiving Respiratory Care		5.8
Private Home/No Home Health	8.9	Occ/Freq. Incontinent of Bladder	80.0	Receiving Tracheostomy Care		1.3
Private Home/With Home Health	27.5	Occ/Freq. Incontinent of Bowel	42.6	Receiving Suctioning		1.9
Other Nursing Homes	7.2			Receiving Ostomy Care		7.7
Acute Care Hospitals	39.8	Mobility		Receiving Tube Feeding		3.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.3	Receiving Mechanically Altered Diets		26.5
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	0.0	Skin Care		Have Advance Directives		100.0
Deaths	16.5	With Pressure Sores	5.8	Medications		
Total Number of Discharges		With Rashes	0.6	Receiving Psychoactive Drugs		24.5
(Including Deaths)	236					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.9	86.2	0.86	87.6	0.84	88.1	0.84	87.4	0.85
Current Residents from In-County	89.7	78.5	1.14	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	33.1	17.5	1.89	19.7	1.68	20.1	1.64	19.6	1.68
Admissions/Average Daily Census	200.0	195.4	1.02	167.5	1.19	155.7	1.28	141.3	1.42
Discharges/Average Daily Census	177.4	193.0	0.92	166.1	1.07	155.1	1.14	142.5	1.25
Discharges To Private Residence/Average Daily Census	64.7	87.0	0.74	72.1	0.90	68.7	0.94	61.6	1.05
Residents Receiving Skilled Care	96.1	94.4	1.02	94.9	1.01	94.0	1.02	88.1	1.09
Residents Aged 65 and Older	92.9	92.3	1.01	91.4	1.02	92.0	1.01	87.8	1.06
Title 19 (Medicaid) Funded Residents	63.2	60.6	1.04	62.7	1.01	61.7	1.02	65.9	0.96
Private Pay Funded Residents	14.2	20.9	0.68	21.5	0.66	23.7	0.60	21.0	0.68
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	23.2	28.7	0.81	36.1	0.64	35.8	0.65	33.6	0.69
General Medical Service Residents	31.0	24.5	1.27	22.8	1.36	23.1	1.34	20.6	1.51
Impaired ADL (Mean)	50.7	49.1	1.03	50.0	1.01	49.5	1.02	49.4	1.03
Psychological Problems	24.5	54.2	0.45	56.8	0.43	58.2	0.42	57.4	0.43
Nursing Care Required (Mean)	6.7	6.8	0.99	7.1	0.95	6.9	0.97	7.3	0.91